DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION

DC Healthy Start

Case Management Services for Women at Risk for Perinatal Disparities

REQUEST FOR APPLICATIONS

RFA# CHA_HSCM_01.30.15

Submission Deadline:
Friday, February 27, 2015 by 4:40 p.m.

DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION
NOTICE OF FUNDING AVAILABILITY
Request for Applications CHA # HSCM_013015

Healthy Start Case Management Program

The Department of Health (DOH), is soliciting applications from qualified organizations to provide case management services for high risk pregnant and postpartum women and their infants to improve racial and ethnic disparities in infant mortality and adverse perinatal outcomes. Qualified applicants will develop and implement a case management program for the target population, to include care coordination, health education and promotion, comprehensive risk assessment and linkages to appropriate resources.

Up to $1,500,000.00 will be made available for up to three awards. Funds are available for a program period of two years from April 1, 2015 through September 30, 2017, subject to the availability of funds. This funding is made available by District of Columbia Fiscal Year 2015 Budget Support Act of 2014.

The following entities are eligible to apply: not-for profit, public and private organizations located and licensed to conduct business within the District of Columbia with experience providing comprehensive preventive and obstetrical health services among populations at higher risk for poor perinatal and postnatal outcomes.

The release date for RFA# HSCM_013015 is Friday, January 30, 2015. The complete RFA will be available on the Office of Partnerships and Grants Services website, http://opgs.dc.gov/page/opgs-district-grants-clearinghouse under the DC Grants Clearinghouse. A limited number of copies will also be available for pick-up at 899 North Capitol Street, NE, Third Floor (Reception Area), in Washington, D.C. 20002 beginning January 30, 2015. The **submission deadline is 4:30 pm Friday February 27, 2015.**

The **Pre-Application Conference** will be held in the District of Columbia at 899 North Capitol Street, NE, 3rd Floor Conference Room, Washington, DC 20002, **on Friday February 6, 2015 10am-12pm.**

If you have any questions please contact Karen Watts via e-mail karenp.watts@dc.gov or by phone at (202) 442-9134.

**CHA is located in a secured building. Government issued identification must be presented for entrance.

District of Columbia Department of Health
Terms for Requests for Applications & Funding

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH):

- Funding for an award is contingent on continued funding from the DOH funding source.
- The RFA does not commit DOH to make an award.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. DOH shall notify the applicant if it rejects that applicant's proposal.
- DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other DOH instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- DOH shall provide the citations to the statute and implementing regulations that authorize the grant or sub-grant; all applicable federal and District regulations, such as OMB Circular 2 CFR 200 (Uniform Administrative Requirements, Cost Principles and Audit Regulations effective December 26, 2014) and any so-called applicable "Legacy" regulations such as A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: City-Wide Grants Manual

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy,** please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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CHECKLIST FOR APPLICATIONS

- The applicant has completed a DOH Application for Funding and affixed it to the front of the Application Package.
- The *complete* **Application Package**, includes the following:
    - DOH Application for Funding
    - Project Narrative
    - Project Work Plan
    - Project Budget & Justification
    - Package of Assurances and Certification Documents
    - Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, logic models, etc.)
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization.
- The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain DUNS number if needed.
- The Project Narrative is printed on **8½ x 11-inch paper**, **double-spaced**, on one-sided, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. Applications that do not conform to this requirement **will not be forwarded** to the review panel.
- The application proposal format conforms to the "Application Elements" listed in the RFA.
- The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- The total size of the proposal may not exceed the equivalent of 80 pages when printed. The page limit included the abstract, project and budget narratives including attachments and letters of commitment and support required.
- The Proposed Work Plan is complete and complies with the forms and format provided in the RFA.
- The Applicant is submitting **four (4) hard copies** (one marked "Original" and three additional copies) and **one (1) electronic copy via a flash drive**.
- The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
- The application is submitted to **DOH, 899 North Capitol St., NE, 3rd Floor Reception Area** no later than 4:30 p.m., on the deadline date of **Friday, February 27, 2015.**

I. GENERAL INFORMATION

A. Key Dates

- Notice of Funding Announcement: **Friday January 16, 2015**
- Request for Application Release Date: **Friday, January 30, 2015**
- Pre-Application Meeting Date: **Friday, February 6, 2015**
- Application Submission Deadline: **Friday, February 27, 2015**
- Anticipated Award Start Date: **Wednesday, April 1, 2015**

B. Overview

The District of Columbia Department of Health (DOH), Community Health Administration (CHA), Healthy Start Program, housed in the Perinatal and Infant Health Bureau (PIHB) received funding from the U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB), Division of Healthy Start and Perinatal Services. The purpose of the funding is to eliminate perinatal disparities by improving women's health, promoting quality services, strengthening family resilience, achieving collective impact, and increasing accountability through quality improvement, performance monitoring, and evaluation. The goal is to reduce racial and ethnic disparities in perinatal health outcomes in the District of Columbia (the District) by using community-based approaches to service delivery, and to facilitate access to comprehensive health and social services for women, infants, and their families.

Through the District of Columbia Fiscal Year 2015 Budget Support Act of 2014, funding was appropriated in DOH's budget to expand efforts to decrease the infant mortality rate and disparities in perinatal health.

DOH is making up to $1.5 million available to fund up to three awards for coordinated, culturally competent maternal and infant case management services.

C. Performance and Funding Period

The anticipated performance and funding period is **April 1, 2015 through September 30, 2017**.

No obligation or commitment of funds will be allowed beyond the grant period of performance. Grant awards are made annually and contingent on demonstrated progress by the recipient in achieving performance objectives, and continued availability of funds. CHA reserves the right to make partial awards (i.e. partial funding and/or proposed services) and to fund more than one agency for each target population covered in all program areas.

D. Eligible Applicants

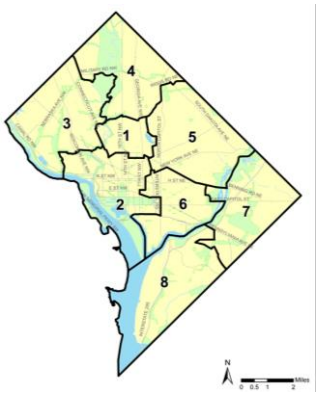
Organizations and entities that are eligible to apply for funding under this announcement include not-for profit, public and private organizations located and licensed to conduct business within the District of Columbia with experience providing comprehensive preventive family and obstetrical health services among populations at higher risk for poor perinatal and postnatal outcomes.

II. BACKGROUND & PURPOSE

A. Background

1.District of Columbia

According to the 2010 Census, the District of Columbia's population is 601,723 residents. Approximately 38,156 children between the ages of zero (0) and five (5) are included in that number, representing 6% of the District's population. In total, the District experienced a 5.2% increase in population over the 572,059 residents recorded in the 2000 Census.



The District is geographically divided into four quadrants: Northeast, Northwest, Southeast, and Southwest). The eight electoral wards and the residents in each ward reflect an increasingly diverse population, particularly in terms of socioeconomic status and ethnicity.

The Northwest quadrant of the District includes Wards 1 and 4, both of which are home to a substantial number of Hispanic residents. In contrast, the Northeast quadrant's Wards 5 and 6 residents are predominately middle-class African Americans. While 96% of the residents in Wards 7 and 8 are also African American, the residents of the Southeast quadrant have higher poverty rates, earn lower incomes, and experience higher rates of unemployment than their counterparts in the District's other five wards. (Tables 1 and 2)

TABLE 1: D.C. DEMOGRAPHICS (BY WARD)

Ward	Total Population 2010[1]	Average Family Income 2006-2010	% Population by Race and Ethnicity 2010				Household Total # 2010	% Children in Population
			Black	White	Hispanic	Asian/PI		
1	76,197	$ 89,921	33	36	22	5	31,309	12
2	79,915	$116,794	13	67	9.5	10	34,811	5.8
3	77,152	$150,629	5.6	78	7.5	8.2	36,040	13
4	75,773	$97,355	59	20	19	2	29,029	20
5	74,308	$ 62420	77	15	6.3	1.7	29.340	17
6	76,598	$103,014	42	47	4.8	5	34,449	13
7	71,068	$ 48,305	96	1.4	2.3	.2	29,838	25
8	70,712	$ 44,550	94	3.3	1.8	.5	25,827	30
DC	***601,723***	***$92,959***	***51***	***38***	***9***	***4***	**n/a**	

Infant mortality is indicative of a community's health status. While African-Americans experience a higher rate of infant mortality than similarly situated Hispanics, maternal and infant health disparities can exist in any circumstance where individuals face socioeconomic challenges. (Table 2) Further, within communities where English is not the first language, linguistic barriers often contribute to disparities, particularly in access to and use of prenatal services.[3]

TABLE 2: D.C. SOCIO-ECONOMIC INDICATORS (BY WARD)

Ward	% Population 16+ Employed 2010	% Population Unemployed 2010	% Population without HS Diploma 2005-2009[4]	% Population in 2010	% Children Poverty 2010	# of receiving Food Stamps 2010	# of people receivin TANF 2010
1	71.4	5	19	13	23	9,807	3,174
2	65.4	3	8.	4.	18	3,617	91
3	66.3	3	3.	2.	3.1	412	47
4	60.3	6	17	7.	12	12,644	3,965
5	54	9	19	15	29	18,074	6,256
6	64.4	6	12	15	31	14,798	4,186
7	50	12	20	23.	40	27,462	11,528
8	43.4	11	21	32.	48	35,423	16,386
DC	***58.0***	***8.2***	***7.***	***14.***	***22.5***	***86,814***	***30,073***

[1] US Census Bureau 2010 American Community Survey

[2] US Census 2010 American Community Survey (Note: "Children" is defined as including all persons less than 18 years of age).

[3] *Issue Brief: Disparities and Inequities in Maternal and Infant Health Outcomes*, Association of State and Territorial Health Officials, available at: http://www.astho.org/Programs/Health-Equity/Maternal-and-Infant-Disparities-Issue-Brief/ (accessed January 17, 2015).

[4] Neighborhood Change Database, created by GeoLytics and the Urban Institute, with funding from the Rockefeller Foundation. Data on TANF and Food Stamps are from the DC Department of Human Services, Economic Security Administration; Neighborhood Info DC, a partnership of the Urban Institute and the Washington, DC Local Initiatives Support Coalition (LISC); (information accessed on 07.15.12 at http://neighborhoodinfodc.org/wards/wards.html)

2. D.C. Healthy Start Project

The 2010 reported infant mortality rate for the District of Columbia is 7.5 deaths per 1,000 live births.[5] This represents a significant decrease from the rate of 13.1 reported in 2007.[6] While there has been marked improvement in the overall rate, the District continues work to meet the Healthy People 2020 target infant mortality rate of 6.0 or less. One means of accomplishing this work is through the D.C. Healthy Start Project (Healthy Start). Healthy Start is a program that has made a marked impact on the infant mortality rate in the District.

Healthy Start is a free program for reproductive aged women and parenting mothers who reside in the District of Columbia and are at high risk for poor birth outcomes. The goal of Healthy Start is to improve birth outcomes and improve the health and development of infants into early childhood. Healthy Start programs are available to pregnant women, women of reproductive age and children up to age 2.[7]

For over seven years, the DC Healthy Start Program has utilized Family Support workers (FSWs) to provide case management and care coordination to participants. FSWs are trained to perform home visiting services to provide health promotion, education and evidenced based screening for psychosocial risks and protective factors. FSWs are skilled in facilitating linkages to appropriate health and social services and resources, as well as monitoring to assure those linkages are followed through. Examples include linking clients to primary care, insurance, housing, mental health (including alcohol and substance abuse treatment) and, early childhood intervention. FSWs have utilized databases to provide documentation on health assessments, education and care coordination services. As experienced Healthy Start staff, FSWs are well suited to assist with the transformation of Healthy Start Case Management services.

[5] Table 22, Number of infant and neonatal deaths and mortality rates, by race for the United States, each state, Puerto Rico, Virgin Islands, Guam, American Samoa, and Northern Marianas, and by sex for the United States, 2011, Fast Stats, Centers for Disease Control and Prevention, US Department of Health and Human Services, available at: http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf, (accessed January 17, 2015)

[6] *Infant Mortality Rate*, D.C. Health Matters, available at: http://www.dchealthmatters.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=7805954 (accessed January 17, 2015).

[7] "DC Healthy Start Project," Department of Health, Government of the District of Columbia, available at: http://doh.dc.gov/service/dc-healthy-start-project, accessed January 18, 2015.

Healthy Start offers the following services:

- Reproductive health counseling and screening (including pregnancy tests)
- Behavioral health screening
- Domestic violence screening
- Child development assessments
- Parenting education and skills building
- Case management/ care coordination
- Health education, promotion and prevention
- Male/Father support services
- Linkages to community services
- Home visitation

B. Purpose

DOH is soliciting applications from qualified entities to provide Healthy Start case management services for pregnant and postpartum District of Columbia women and their infants to improve racial and ethnic disparities in infant mortality and adverse perinatal outcomes in the District.

C. Qualified Entities

Entities qualified to apply for funding through this announcement include not-for profit, public and private organizations located and licensed to conduct business within the District of Columbia with experience providing comprehensive preventive and obstetrical health services among populations at higher risk for poor perinatal and postnatal outcomes.

III. ADMINISTRATIVE REQUIREMENTS

A. Award Uses

The award under this RFA will be used exclusively to pay costs associated with the implementation of the award. Payment requests will be monitored by DOH to ensure compliance with the approved budget and work plan.

B. Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Award (NOA) will be required to:

- Revise and resubmit a work plan and budget in accordance with the approved scope of work and assignments prescribed by a DOH Notice of Intent to Fund and any pre- award negotiations with assigned DOH project and grants management personnel.

- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Section VII E- Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to receive federal or local District funds.

- Adhere to mutually agreed upon terms and conditions of an award agreement and Notice of Award issued by the Director of the Department of Health and accepted by the awardee organization. The award agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by District agreements.

C. Indirect Cost

Applicants' budget submissions must adhere to a **ten-percent (10%) maximum** for indirect costs. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

D. Insurance

All applicants that receive awards under this RFA must show proof of all insurance coverage required by law prior to receiving funds.

E. Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Awardees subject to A-133 rules must have available and submit the most recent audit reports, as requested by DOH personnel.

F. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

G. Quality Assurance

DOH will use a risk-based management and monitoring assessment to establish a

monitoring plan for the awardee. Awardees will submit an interim and final report on progress, successes and barriers.

Funding is contingent upon the awardee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and performance plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The awardee will receive a performance rating and be subject to review at any time during the budget period.

A final performance report shall be completed by the Department of Health and provided and held for record and use by DOH in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DOH Office of Grants Management.

IV. PERFORMANCE REQUIREMENTS

A. Target Population

The target population includes pregnant and post-partum mothers with their infants, women in pre-conceptual and inter-conceptual periods who are at high risk for poor perinatal and postnatal outcomes, as well as fathers residing in the District of Columbia.

B. Location of Services & Participant Capacity

Medical management, health promotion and education and risk assessments with referral services are to be provided by health providers in the District of Columbia.

Providers will assess and refer women and infants who are eligible for the program (see IV.A.) to participate in Healthy Start.

Applicant must have the capacity to serve at least 500 program participants of which 50% must be pregnant women. Program participants must be enrolled into case management and the program must be able to collect data on all participants.

C. Applicant's Implementation Plan

Applicants shall provide a detailed implementation plan and at minimum, include the following requirements:

- Evidence of capacity to have at least 500 program participants of which 50% must be pregnant women;
- Adherence to the Healthy Start case management protocols; and
- Activities to be performed, staffing plan, target dates for completion, and

anticipated outcomes.

- Collaborative agreements with the Department of Health's DC Healthy Start Program to incorporation the use of one (1) or more DC Healthy Start Family Support Workers (FSWs) into the implementation plan, as needed for DOH-sponsored FSWs to provide support for data collection, care coordination, health education and promotion, comprehensive risk assessment, home visitation and linkages to appropriate resources.

- Evidence of the capacity to provide:
  - A designated health professional or group of health professionals to provide program oversight.
  - A database capacity to collect program data elements.
  - Connectivity to upload data requirements.
  - Applicable comprehensive assessment tools for target population.
  - A process to utilize FSWs in case management and care coordination, including on-site workspace for assigned FSWs.

- Develop a sustainability plan for the proposed initiative.

D. Healthy Start Component Activities

Qualified applicants will develop and implement a case management program for the target population, to include care coordination, health education and promotion, comprehensive risk assessment, home visitation, and linkages to appropriate resources. Applications to provide case management services to pregnant and reproductive aged women through this funding must include information on how applicants seek to meet the following program goals:

GOAL 1: IMPROVE WOMEN'S HEALTH

1.1 Outreach and enrollment in health coverage under DC HEALTH LINK

Describe the applicant's process to ensure participants who are un- or under- insured are referred to Certified Application Counselors (CACs) to assist individuals to obtain and maintain health insurance (e.g., DC Healthy Families, DC Health Link.)

1.2 Coordination and facilitation of access to health care services

Comprehensive Assessment: Explain how the applicant will conduct comprehensive risk assessments and identify the evidence based tool(s) to be used in this process. Provide details on risk factors included in the assessment (e.g., medical risks and conditions, psychosocial risks, mental health conditions, substance use) and/or protective factors. Assessment examples include:

Women:

- PHQ-9
- Center for Epidemiologic Studies –Depression (CESD)
- Abuse Assessment Screen (Domestic Abuse)
- 4P's Substance Screen

Infants/Children:

- Ages and Stages Socio –Emotional Questionnaire (ASQ-SE)

Case Management: Discuss how the applicant will determine differing levels of client risk for perinatal case management and care coordination. Describe the type, timing, duration, and intensity of services based on established risk level.

Provide details on the processes and assigned staff roles (where applicable) for the following:

(a) Risk stratification (incorporating the proposed risk categories in Table 1) and alignment with the level of case management services for each Healthy Start participant

(b) Assessment of participant needs and goals

(c) Creation of care plan with input by participants to include;
   i. Home visitation schedule (when applicable)
   ii. Identification and facilitation of linkages to appropriate resources and services
   iii. Monitoring and follow-up
   iv. Participant self-management goals

(d) Describe how the DOH database will be utilized to document case management/care coordination activities

Table 1. Maternal Factors Associated with Higher Risk for Infant Mortality

Risk Category	**Issues**
High Risk (Level III)	Obesity >1 prior non-live birth Prenatal care after 1st trimester >1 missed prenatal visits Smoking or substance abuse
Medium Risk (Level II)	Overweight One prior non-live birth One missed prenatal visit
Low Risk (Level I)	Normal weight Prenatal care initiated in 1st trimester

1.3 Support for prevention, including clinical preventive services, interconception health, and health promotion; and assistance with reproductive life planning

Describe how the applicant will promote and track the use of women's clinical preventive services, including prenatal care, preconception care, family planning, and well-woman visits. Provide details on the following (including staff plan where applicable):

(a) Promotion, documentation and monitoring of a reproductive life plan, which may incorporate the use of One Key Question®
(b) Promotion and monitoring of interconception health among high risk women including chronic disease management, behavioral/mental health, and reduction of reproductive health risks
(c) Provision of health promotion and education to improve women's health, including the approach for using the emerging Healthy Start standardized curriculum. Health education and promotion is required in the following areas: breastfeeding, immunization, safe sleep, family planning, smoking cessation and Fetal Alcohol Syndrome; additional areas may be proposed.

GOAL 2: PROMOTE QUALITY SERVICES

2.1 Service coordination and systems integration

Describe the process for ensuring Healthy Start participants and families have a medical home; discuss how the project will provide on-site or assure linkages to primary care, social, and mental health services and other community resources (i.e. housing, employment, transportation, child care, and early childhood development services). Include how FSWs may be incorporated into this approach.

For applicants receiving funding for or participating with other federal Maternal Child Health Programs, such as Title V block grant, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs, Title X family planning, and ACF Early Head Start, describe how the applicant with collaborate with, but not duplicate services.

Describe the communications plan to ensure appropriate oversight and management services delivered to Healthy Start participants.

2.2 Focus on prevention and health promotion

Describe how applicant will used evidenced based medical practices which may include, incorporating use of Centering Pregnancy or other evidenced based group visit models for prenatal care, and use of 17-alpha-hydroxyprogesterone caproate (17P) for eligible patients.

Describe how, in conjunction with FSWs, the applicant will provide group and individual health education and promotion in the required areas (see 1.3c) for women, infants and families.

Describe approach to ensuring developmental screening for child participants, including screening tools to be used, and plans for referrals and follow up based on identified needs.

Provide details on materials to be used, including evidence in support of effectiveness, cultural and linguistic appropriateness, and other characteristics.

2.3 Workforce core competencies

Describe how the applicant will collaborate with DOH on implementation of core competencies for the Healthy Start workforce, including FSWs, nurses, social workers, advanced practitioners and other staff.

Define how the applicant will collaborate with DOH to periodically review staff core competencies, provide testing and remediation when indicated, and use quality improvement strategies to assure your organizations' workforce achieves core competencies.

Describe how the applicant will work with DOH to identify core competency training and technical assistance (TA) needs.

GOAL 3: STRENGTHEN FAMILY RESILIENCE

3.1 Address toxic stress and support delivery of trauma-informed care

Describe how the applicant will incorporate the life course theory in program activities to enhance protective factors among the target population.

Describe how the applicant will assess and document risks related to toxic stress as part of case management and provide participants support for interventions to mediate the effects of toxic stress. Describe how the applicant will include use of the Adverse Childhood Experiences (ACE) questionnaire.

Provide details on plans for staff training and development in the area of trauma-informed care.

3.2 Support mental and behavioral health

Describe processes for perinatal depression and social-emotional development (for child participants) screenings including the evidenced based tool(s) to be used and specific case management approaches to assure completion of referrals and follow up. Include how the FSWs may be incorporated in this process.

Discuss how the applicant will work to maintain the availability of mental and behavioral health services for Healthy Start participants.

3.3 Promote father involvement

Discuss how the applicant will promote father involvement among Healthy Start participants.

3.4 Improve parenting

Describe how the parenting education will be delivered, materials proposed and evidence based curricula to be used. Examples include: Strengthening Families Program; The Incredible Years; STEP; STAR Parenting; Effective Black Parenting; and Baby Basics. See Appendix B for evidence based parenting curricula.

Describe how the applicant shall collaborate and integrate with other community organizations providing parenting education (e.g. Early Head Start, Strengthening Families and Strong Start).

Provide details on plans for staff training and development in the area of parent education and training.

GOAL 4: ACHIEVE COLLECTIVE IMPACT

4.1 Participate in the Community Action Network (CAN)

Demonstrate how the applicant will be active in collective impact efforts (e.g. participation in the CAN).

GOAL 5: INCREASE ACCOUNTABILITY THROUGH QUALITY IMPROVEMENT, PERFORMANCE MONITORING, AND EVALUATION

5.1 Use quality improvement

Describe how the applicant will collaborate with DOH to develop and implement ongoing quality improvement activities to focus on prevention and health promotion.

Describe process to ensure adherence to the required monthly reporting requirements to DC DOH.

5.2 Conduct performance monitoring

Describe how the applicant will utilize the DOH database system to document client/participant-level data and monitoring individual and participant group outcomes, including data required for reports to DOH.

Provide details on the applicant's data collection system and how this system can provide supplemental information needed for DOH reporting (i.e. population data).

Describe how the applicant will measure progress towards achieving the Healthy Start benchmarks. (See Appendix D)

5.3 Conduct evaluation

Describe the process and plan for monitoring program activities, including process and outcome measurements.

E. Participant Recruitment

Applicants shall develop and submit a Recruitment and Outreach Plan. The plan shall include, but is not limited to:

- A description of the type of recruitment methods that will be used to obtain a minimum/maximum requirement of eligible participants.

F. Assessments

The applicants shall administer and score assessment tools; and refer families and children to the appropriate services if necessary.

Applicants will propose the use of evidence based assessment tools or choose from the following tools:

a. Abusive Behavior Inventory - Self-assessment tool that gauges the level of abuse in a person's relationship;

b. Ages & Stages Questionnaires (ASQ) - Developmental screeners given to parents to see how a child's development compares with other children of the same age;

c. Ages & Stages Social and Emotional (ASQ:SE) - Parent-completed tool with a deep, exclusive focus on children's social and emotional development, used for early identification of social-emotional problems; and

d. PHQ-9 or Center for Epidemiological Studies Depression (CESD) Scale – Self-test that measures depressive feelings and behaviors during the past one to two weeks to determine a person's depression quotient.

The assessment data shall be entered and uploaded within five (5) business days of the date on which the assessment was administered. Referrals resulting from the assessment score and/or interpretation shall be entered within three (3) business days from the date that the client and/or child is identified for needing services.

G. Referrals

The applicant shall develop and maintain relationships with community resources and public agencies and provide staff with contact information, eligibility requirements, and scope of services of said organizations.

The successful applicant shall enter all referrals into the DOH database within three (3) business days of the date on which the service is identified.

H. Training

Within sixty (60) days of award, the successful applicant shall identify Healthy Start project staff (including DOH FSWs) to attend required trainings, conducted in collaboration with DOH program managers and its contractors and national capacity-building and technical assistance partners.

I. Staffing

The applicant shall ensure that the appropriate program staff is hired within sixty (60) days of award.

The applicant shall ensure all providers who are recognized as health professionals meet all applicable certification and licensure requirements, and maintain documentation of compliance.[8]

DOH reserves the right to approve or deny any hired staff to be charged to the funding allocated for this project.

J. Data Collection and Reporting Requirements

The applicant shall ensure capability to collect and submit data electronically to DOH.

The applicant shall ensure capacity to meet the following **monthly** data collection and reporting requirements reported by ward. Data shall be submitted by the 5th of every month or the next business day. Performance measures are follows:

- # of NEW Healthy Start Participants (within the past 30 days)
- Total number of Healthy Start participants to date
- # of New Healthy Start participants without health insurance
- Total number of Healthy Start participants without health insurance to date
- Total number of live births to date among participants
- Total number of low birth weight births to date among participants
- Total number of births <37 weeks to date among participants
- Total number of infant deaths among participants (from birth to one year) to date

[8] Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code§ 3-1201.01 et seq.), and implementing rules.

- # of new program participants by demographics
    - Alaska natives
    - Asians
    - Black/African American
    - Native Hawaiian/Pacific Islander
    - White
    - Multi-Racial
    - Other and/or Unknown
- # of new program participants by ethnicity
    - Hispanics/Latinos
    - Non-Hispanics/Latinos
- Total number of Healthy Start participants who utilize WIC services to date
- Total number of Healthy Start participants who initiated breast feeding to date
- Total number of Healthy Start participants receiving Prenatal Care beginning in the 1st Trimester to date
- Total number of pregnant Healthy Start participants who abstained from alcohol, tobacco use and illicit drugs to date
- Total number of Healthy Start participants giving birth who attended postpartum care visits to date
- # of New Healthy Start Participants by Category
    - Pregnant women
    - Infants up to 12 months (1 year)
    - Children 13-24 months (2 years)
    - Non-pregnant women

The applicant is required to collect and report monthly data that corresponds to the evidence-based home visit model to be implemented. Data shall be submitted by the 5th of every month or the next business day. Examples of relevant data include, but are not limited to, the following:

- # of home visits conducted for pregnant women;
- # of home visits conducted for postpartum women; and results of site visits
- Any referrals made to outside organizations and the results of referrals made;
- # of participants screened for depression
- # of participants who receive follow-up services for depression
- # of participants who receive Intimate partner violence screening
- # of participants who engage in infant safer sleep behaviors
- Referrals made to outside organizations and results
- Number of clients who received referrals for services

The applicant shall ensure capacity to meet the following **quarterly** data collection and reporting requirements reported by ward. Quarterly reporting schedule will be assigned upon funding of award.

- Demographic data for Healthy Start program participants, including racial and ethnic backgrounds
- Number of enrolled prenatal participants, if applicable:
    - During 1st trimester
    - During 2nd trimester

- During 3rd trimester
- Receiving no Prenatal Care

- Number of live singleton births greater than or equal to 2500 grams to participants
  - # of live singleton births between 2400-1500 grams to participants
  - # of live singleton births less than 1499 grams
  - # of live singleton births-weight unknown
- Number of preterm births, if applicable
- Number of enrolled postpartum participants
- Number of enrolled participants by age
  - Under age 15
  - Aged 15-17
  - Aged 18-19
  - Aged 20-24
  - Aged 24-34
  - Aged 35-44
  - 45+
  - Age Unknown
- # of female participants in interconceptual care/ women's health activities
  - Under age 15
  - Aged 15-17
  - Aged 18-19
  - Aged 20-24
  - Aged 24-34
  - Aged 35-44
  - 45+
  - Age Unknown
- Number of infant participants aged 0 to 11 months
  - # of infant/child participants aged 12 to 23 months
  - # of infant/child participants –age unknown
- Number of unemployed participants
- Number of participants below federal poverty level
  - Below 100 percent of the FPL
  - Between 100-185 FPL
  - Income Unknown
- # of participants receiving adequate prenatal care by Kotelchuck Scale, Kessner Index, or similar index
- # of medical visits by all postpartum participants
- # of well-baby/pediatric visits by postpartum participants
- # of any provider visits by participants aged 17 and under
- # of participants who are insured
- # of participants who have a documented reproductive life plan
- # of participants receiving family planning visits
- # of participants receiving women's health visits
- # of participants in the prenatal period receiving case management services
- # of participants in the interconceptual period receiving case management services
- # of postpartum families receiving case management services

- # of participants who ever breastfed
- # of participants who breastfeed their infants at 6 months of age
- # of participants with less than a high school diploma or GED
- # of children with an ACE score of 2, 3, and 4 or more
- # of children below the ASQ cut off for their age
- # of children below the ASQ-SE cut off for their age
- # of participant with a positive screen for substance abuse
- # of participants screening positive for depression
- # of participants screening positive for mental illness

The applicant must provide a secure internet connection for staff to access the web based data entry and reporting system.

K. Process and Outcome Metrics

The applicant shall ensure capacity to collect and submit monthly and quarterly metrics representing process and outcome data.

L. Reports

The successful applicant shall submit reports to the Healthy Start program contact. The reports shall include, but not be limited to, the following:

a. Quarterly narrative reports submitted by the last business day before the 5th of each quarter; narrative reports shall include:
    i. Program activities;
    ii. Monthly number of new pregnant women enrolled;
    iii. Barriers to progress encountered and strategies or steps taken to overcome them;
    iv. Anticipated and/or current challenges in maintaining quality and fidelity Healthy Start participant enrollment and retention home visiting, outreach, and the proposed response to the issues identified;
    v. Participant enrollment and recruitment efforts;
    vi. Updates on the coordination between home visiting program(s) and other existing programs and resources provided to the target population (e.g., health, mental health, early childhood development, substance abuse, domestic violence prevention and other social and health services);
    vii. Updates on quality assurance and continuous quality improvement effort;
    viii. Services provided to program clients;
    ix. # of participants identified;
    x. # of participants enrolled, date of enrollment, date of withdrawal, client category (i.e., pregnant, postpartum, inter-conceptual);

xi. # of participants home visits conducted;

xii. # of participants home visiting attempts;

xiii. # of participants referrals made, listed by agency/provider name;

xiv. Demographic data on all new enrollees; and

b. Additional reports as required by DOH and/or HRSA

All reports shall be submitted in electronic format.

M. Participant Recruitment and Retention Efforts

Applicants are required to develop a Recruitment and Retention Plan to describe the following:

1. List of agencies to partner with to promote program and receive referrals;
2. Copies of any Memoranda of Agreement between applicant and recruitment site(s) detailing the hours, days and time applicant is allowed to be at the location;
3. Referral process between the applicant and the participating agency;
4. The location of the agencies, and
5. Retention strategies.

N. Collaboration

The applicant shall join and participate as a member of the DC Healthy Start Community Action Network (CAN). The applicant shall help recruit HS participants to participate in the CAN. The focus of the CAN is reducing disparities in perinatal outcomes through cross-sector information sharing, collaboration, and linkages. The CAN is intended to: increase trust among community partners/members, use data to assess and "map" the community, encourage effective and equitable allocation of limited resources, ensure that the contributions of community partners/members are valued and respected, and use varied communication modalities and technologies to provide community partners/members with full and timely access to information.

V. APPLICATION SECTIONS

A. Background

1. Describe past experience implementing case management/care coordination services to impact maternal and infant health outcomes.
2. Describe past success in recruiting and retaining clients.
3. Describe past success in engaging at-risk communities.
4. Describe the agencies experience with data collection.

B. Organizational Capacity

1. Describe experience in serving the target population(s).

2. Describe existing and additional required staff (if any), qualifications, and responsibilities. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment, training and time-limited hiring. CV, resumes, position descriptions, and organizational charts may be submitted as appendices.
3. Describe sustainability for continuation of program.

C. Partnerships, Linkages, and Referrals

Describes how agency, through partnerships and linkages, is able to provide referrals as needed to clients.

D. Implementation Narrative & Work Plan

The implementation plan describes how the program will be implemented. The work plan shall include all of the elements found in the work plan example in Appendix B.

E. Budget Justification and Narrative

Include the budget justification and narrative as separate attachments, not to be counted in the narrative page limit. The line item budget justification and narrative should include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the work plan, and training requirements.

VI. EVALUATION CRITERIA

Eligible applications will be assessed in each area to the extent to which an applicant demonstrates:

A. Background & Experience (20 Points)

The applicant shall provide detailed information to demonstrate at least two (2) years of experience in implementing case management services for pregnant, postpartum, and interconceptual women. The applicant shall also provide a description of any experience with maternal and child health services, emphasizing any past experiences within the District of Columbia. This factor will determine an applicant's experience with family services that embrace the concepts of family-centered and strength-based service provision; knowledge of maternal-infant health and dynamics of child abuse and neglect; experience in providing services to culturally diverse communities/families; and experience in home visitation with a strong background in prevention services to the target population.

B. Organizational Capacity (30 Points)

1. **Policies and Procedure** - This qualifying factor will indicate how well the applicant's current policies and procedures are aligned with program deliverables.
2. **Data Collection** -The applicant shall submit current operational protocol that governs data collection process.
3. **Project Team** - This qualifying factor considers the education, experience, knowledge, and training of staff that will oversee the project.

C. Partnerships, Linkages, and Referrals (10 Points)

1. Demonstrate organization partnership and linkages support the applicant's ability to refer clients to needed social services activities under this program
2. Description of agencies success rate in connecting clients to services
3. Letters of support clearly outlining a commitment to proposed activities

D. Implementation Narrative & Work Plan (40 points)

The applicant shall develop an implementation plan, which focuses on executing the deliverables outlined in this document. The implementation plan shall include:

1. Policies and Procedures (including consent forms for program participation, sharing information, and assessment administration) for review and approval by Contract Administrator
2. The applicant shall describe process for determining impact of case management services on the health outcomes of Healthy Start participants
3. An annual work plan to include a chronological list and description of activities to be performed, the responsible person and target dates for completion, and anticipated outcomes

E. Budget and Budget Narrative (Reviewed, but not scored)

Is the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives and planned program activities?

VII. APPLICATION SUBMISSION

A. Application Package

Complete Application Package shall contain the following:

1. **A DOH Application for Funding**
2. **Project Narrative (See Section VI F - Application Elements)**
3. **Attachments (See Application VI F – Application Elements)**
4. **Assurance & Certification Packet (See Section VII E – Assurances)**

B. Application Elements - Project Narrative & Attachments

1. Executive Summary
2. Background & Experience
3. Organizational Capacity Description
4. Partnership, Linkages and Referrals Description
5. Implementation Plan
6. Attachments
    - Work Plan (Attachment - Required Template)
    - Budget (Attachment - Required Template – Not Scored)
    - Letters of Support
    - Position Descriptions (if applicable)

C. Pre-Application Conference

A Pre-Application Conference will be held on **Friday, February 6, 2015**, from 2:30pm to 4:00 p.m. The Pre-Application conference will be held at the **Department of Health**, 899 North Capitol Street, NE, 3rd Floor Conference Room 306, Washington, DC 20002.

The meeting will provide an overview of CHA's RFA requirements and address specific questions about the RFA and program requirements.

No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance.

D. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia Department of Health and Office of Partnerships and Grants Services with the information listed below, by contacting bryan.cheseman@dc.gov.

Please place "**RFA Contact Information**" in the subject box.

Name of Organization
Key Contact
Mailing Address
Telephone and Fax Number E-mail Address

This information shall be used to provide updates and any addenda to the RFA.

E. Assurances & Certifications

DOH requires all applicants to submit various certifications, licenses, and assurances to help ensure all potential awardees are operating with proper D.C. licenses. The complete compilation of the requested documents is referred to as the **Assurances Package**.

The Assurances Package must be submitted along with the application. Only ONE Assurances Package is required per submission.

DOH classifies assurances packages into two categories:

(1) Those "required to submit along with applications" and
(2) Those "required to sign award agreements."

Failure to submit the required assurance package may result in the application being either ineligible for funding consideration or in-eligible to sign/execute award agreements.

If the applicant has not previously provided DOH with current versions of the documents listed below, the applicant also must submit the following documents along with the application:

Assurances Required to Submit Applications (Pre-Application Assurances)

- Signed Assurances and Certifications
  - **a.** DOH statement of Certification (appendix G)
  - **b.** Federal Assurances (appendix G)
  - **c.** Certifications (appendix G)
- Current Certification of Clean Hands from the Office of Tax and Revenue
- 501 (c) 3 Certification or Articles of Incorporation
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

Assurances required for signing grant agreements for funds awarded through this RFA (Post Award Assurances)

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services funded by this award funds
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
  Most Recent Audit and Financial Statements

F. Format

Applicants should prepare the application in accordance with the following guidelines:

- Font size: Times New Roman or Arial 12-point unreduced
- The total size of the proposal may not exceed the equivalent of 80 pages when printed. The page limit included the abstract, project and budget narratives including attachments and letters of commitment and support required.

- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches
- Page margins: 1 inch
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way.

G. Submission

Submit **four (4) hard copies** (one marked "Original" and three additional copies) and **one (1) electronic copy via a flash drive** to the Community Health Administration (CHA) **on or before 4:30 pm on February 27, 2015**. Applications delivered after the deadline will not be reviewed or considered for funding.

Applications must be delivered to:

District of Columbia Department of Health
Community Health Administration
3rd Floor Conference Room
899 North Capitol Street NE
Washington DC 20002

H. Contact Information

Grants Management

Bryan Cheseman
Office of Grants Monitoring & Program Evaluation
DC Department of Health
Community Health Administration
Government of the District of Columbia
899 North Capitol Street, N.E., 3rd Floor Washington, DC 20002
Email: bryan.cheseman@dc.gov

Program Contact

Karen P. Watts, RNC, FAHM, PMP
Chief, Perinatal and Infant Health Bureau
Department of Health, Community Health Administration
899 North Capitol Street, NE, 3rd Floor
Washington, D.C. 20002
Work: 202-442-9405
Fax: 202-671-0854
Email: karenp.watts@dc.gov

VIII. APPLICATION REVIEW & SELECTION INFORMATION

1. Applications shall be reviewed by an external review panel made up of technical and subject matter experts for the expressed purpose of providing an independent, objective review of applications. This external review panel shall be responsible for providing a score and technical review comments for record.

2. Assurance and certification documents will be reviewed by internal DOH personnel assigned to ascertain whether eligibility and certification requirements have been met prior to consideration of review and recommendation of award.

3. Applications, external review scores and technical review comments will be reviewed by an internal DOH review panel for the purpose of determining recommendations for award. The panel may be composed of DOH staff and consultants who shall be responsible for making recommendations for award, and include recommendations for funding levels, service scopes and targets, project designs, evaluation plans and budgets.

4. In the review phase, applicants may be asked to answer questions or to clarify issues raised during the technical review process. No external review panel member will contact the applicant.

5. DOH may request an in-person presentation to answer questions or clarify issues raised during the review process.

6. Applicants approved for pre-award review will receive a Notice of Intent to Fund. The notice will outline pre-award requirements and propose any revisions and conditions of awards.

7. Successful applicants will receive a Notice of Award (NOA) from the Department of Health. The NOA shall be the only binding, authorizing document between the recipient and DOH. The NOA will be signed by an authorized Grant Management Officer and e-mailed to the program director. A hard copy of the NOA will be mailed to the recipient fiscal officer identified in the application.

IX. APPENDICES

Appendix A: Glossary of Key Terms and Definitions

For purposes of this RFA, the following terms shall have the meanings ascribed below:

Adverse Childhood Experiences (ACE): Exposure to abuse, neglect, violence, and other stressors.

Below 100 Percent of the Federal Poverty Level: Annual income for the client's family, compared to the Federal Poverty Level. (Record at enrollment as Percentage of level for a family of the same size.) Annual income data can be estimated from monthly data, if necessary (Monthly income x 12). Grantees may wish to record information on income and family size and calculate poverty levels separately, or enter only the computed poverty level for the client. The Federal poverty level is updated annually in February and published in the Federal Register.

Benchmarks: A means of assessing progress on a select group of outcomes and activities which are common to all Healthy Start projects.

Births with Evidence of Prenatal Exposure to Alcohol: Evidence, at time of delivery, of alcoholic beverages (wine, beer, mixed drinks, e.g., coolers or distilled liquor) consumed during pregnancy.

Births with Evidence of Prenatal Exposure to Drugs: Evidence, at time of delivery, of any drug, other than over the counter or prescription drug – used inappropriately.

Births with Evidence of Prenatal Exposure to HIV/AIDS: Births with exposure to, or presence of, HIV.

Births with Evidence of Prenatal Exposure to STD/STI: Presence, at time of delivery, of Sexually Transmitted Disease/Infection (Syphilis, Gonorrhea, Herpes, Chlamydia, Hepatitis B, etc.).

Capacity: Program capacity includes delivery systems, workforce, policies, and support systems (e.g., training, research, technical assistance, and information systems needed to maintain service delivery and policy making activities. Program capacity measures the strength of the human and material resources necessary to meet public health obligations. As program capacity sets the stage for other activities, program capacity results are closely related to the results for process, health outcomes, and risk factors. Program capacity results should answer the question, "What does the Project Area need to achieve the desired results?"

Case Management Service: Provision of services in a coordinated, culturally competent approach through client assessment, referral, monitoring, facilitation, and follow-up on utilization of needed services. Case management is also known as care coordination. For pregnant women, these services include those that assure access and utilization of quality prenatal care, delivery, and postpartum care. For infants up to two years of age, these services assure access and utilization of appropriate quality preventive and primary care services.

Centering Pregnancy: A multifaceted model of group care that integrates the three major

components of care: health assessment, education, and support, into a unified program within a group setting. Eight to twelve women with similar gestational ages meet together, learning care skills, participating in a facilitated discussion, and developing a support network with other group members. Each Pregnancy group meets for a total of 10 sessions throughout pregnancy and early postpartum. The practitioner, within the group space, completes standard physical health assessments.

Childbirth Education (Number of Participants Who Received): Number of participants who received child-birth information per a pre-designed schedule/curriculum as an ongoing part of their prenatal care or participated in a formal Childbirth Education program. Childbirth education information may have been provided in classes, support groups, or in one-on-one sessions. Information may have been offered either directly or through an outside referral source.

Client Satisfaction: The number of unduplicated MCHB supported projects that report being satisfied with the responsiveness of services provided to them by MCHB in a determined time period as measured by customer satisfaction surveys.

Collective Impact: The result of having organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success. The five conditions for collective impact are: 1) a common agenda, 2) shared measurement system, 3) mutually reinforcing activities, 4) continuous communication, and 5) backbone organization support.

Community Action Network (CAN): An existing, formally organized partnership, advisory board or coalition of organizations and individuals representing consumers, appropriate agencies at the State, Tribal, county, city government levels, public and private providers, churches, local civic/community action groups, and local businesses which identify themselves with the project's target project area, and who unite in an effort to collectively apply their resources to the implementation of one or more common strategies for the achievement of a common goal within that project area. The CAN must have current approved by-laws, which include policies regarding conflict of interest, to serve the needs as identified by its mission and/or functional statement.

Completed Service Referral: A referral is considered completed, when the client received the services from provider(s) to whom she was referred either within or outside of the program/agency. The purpose of these referrals can be either treatment-related or preventive.

Community Participant: An individual who attends a Healthy Start sponsored event or participates in consortium activities, etc.

CAN Training (Number of Individual Members Trained): Number of individual consortium members participating in formalized Healthy Start funded consortium training.

Cultural Competence: A set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals which enables them to work effective cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff who are providing such services. Cultural competence is a dynamic, ongoing, developmental process that requires a long-

term commitment and is achieved over time.

Department of Health Data Collection and Reporting System: A database system developed by the DC Office of the Chief Technology Officer (OCTO) to collect the specific benchmark data, participant demographics, electronic surveys and assessment tools, data from the Healthy Start program.

Direct Health Care Services: Those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services.

Family Planning: Number of participants receiving individualized family planning counseling and/or services with a medical provider or other health provider. The primary purpose is to provide services related to contraception, infertility, or sterilization.

Fetal Alcohol Spectrum Disorder (FASD): An umbrella term which describes a continuum of permanent birth defects caused by maternal consumption of alcohol during pregnancy, which includes, but is not limited to fetal alcohol syndrome (FAS).

Healthy Start Program Participant: A program participant is defined as an individual having direct contact with Healthy Start staff or subcontractors and receiving Healthy Start services on an ongoing systematic basis to improve perinatal and infant health. Specifically, program participants are pregnant women and women of reproductive age and children up to age 2.

Hispanic: Persons of any race who report/identify themselves as Mexican-American, Chicano, Mexican, Puerto Rican, Cuban, Central or South American (Spanish countries) or other Hispanic origin.

HIV/AIDS Education Only (Number of Participants Who Received): Number of participants who have received individual and/or group education on HIV/AIDS without lab testing. This includes teaching clients on how to get tested, but where the testing was not included in the Healthy Start service.

Hypertension: Under new, stricter national blood pressure guidelines issued in May 2003, a resting blood pressure reading below 120/80 millimeters of mercury (mm Hg) is normal. Hypertension, or high blood pressure, is defined as a resting blood pressure consistently at 140/90 mm Hg or higher. (Mayo Clinic, 2003)

Immunizations: Number of age-appropriate immunizations provided (e.g., MMR, OPV, DPT, H. influenza, and Hepatitis B) according to AAP/PCIP established standards) during Healthy Start

funded activities/services.

Implementation Plan: Plan that describes the process and resources needed to carry out a program. The plan contains brief description of the major tasks involved in carrying out the program; and, the overall resources needed to support the program effort (such as hardware, software. facilities, materials, frameworks and personnel)

Intimate Partner/ Domestic Violence (Number of Participants Served): Number of participants who have received Healthy Start services directed at the prevention or treatment/reduction of domestic violence. This may include formal presentations, support groups, or one-on-one counseling sessions related to domestic violence.

Infant Mortality Rate: The number of deaths to infants from birth through 364 days of age and this measure is reported per 1,000 live births.

Life Course Theory: Life course theory (LCT) is a conceptual framework that helps explain health and disease patterns – particularly health disparities – across populations and over time. Instead of focusing on differences in health patterns one disease or condition at a time, LCT points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups. LCT is population focused, and firmly rooted in social determinants and social equity models. Though not often explicitly stated, LCT is also community (or "place") focused, since social, economic and environmental patterns are closely linked to community and neighborhood settings.

Low Birth Weight: Live births with birth weight less than 2,500grams or 5 pounds 8 ounces. This measure is usually reported as a percentage of all live births.

Medical Home (AHQR): The medical home encompasses five functions and attributes:

1. Comprehensive Care: The primary care medical home is accountable for meeting the large majority of each patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care. Providing comprehensive care requires a team of care providers.

2. Patient-Centered: The primary care medical home provides primary health care that is relationship-based with an orientation toward the whole person. Partnering with patients and their families requires understanding and respecting each patient's unique needs, culture, values, and preferences.

3. Coordinated Care: The primary care medical home coordinates care across all elements of the broader health care system, including specialty care, hospitals, home health care, and community services and supports.

4. Accessible Services: The primary care medical home delivers accessible services with shorter waiting times for urgent needs, enhanced in-person hours, around-the-clock telephone or electronic access to a member of the care team, and alternative methods of communication such as email and telephone care.

5. Quality and Safety: The primary care medical home demonstrates a commitment to quality and quality improvement by ongoing engagement in activities such as using evidence-based medicine and clinical decision-support tools to guide shared decision making with patients

and families, engaging in performance measurement and improvement, measuring and responding to patient experiences and patient satisfaction, and practicing population health management.

Mental Health Services (Number of Participants Served): Number of participants in Healthy Start funded mental health activities (i.e., support groups, individual, and group therapy).

Mental Health Services (Number of Participants Referred): Number of Healthy Start participants referred for residential or outpatient mental health services.
Moderate Low Birth Weight: Live births with birth weight greater than or equal to 1500 and less than 2,500 grams (i.e., 1500-2499 grams). This measure is usually reported as a percentage of the total number of live births.

Number of Women Assisted by Case Management: Number of Healthy Start women/program participants who participated in activities which assisted them in gaining and coordinating access to necessary care and services appropriate to their needs. Case management can encompass various types of activities e.g., facilitation/ coordination of services (assessment of family's health and social service needs) development of a care plan; arrangements to assist family in accessing services; follow up on either referrals or no shows; tracking family's changing service needs and/or progress.

Number of Women Assisted through Home Visiting: Number of women/ program participants who were visited in their homes by Healthy Start affiliated health, social, or educational professionals, or by workers with special training including indigenous workers, community perinatal outreach workers, neighborhood health advocates, resource mothers/fathers, etc.

Number of Women Assisted by Outreach: Number of women/ program participants for which there is documentation that they met with a Healthy Start community outreach worker and received services (e.g., Outreach worker logs, assignment sheets, client records).

Number of Pregnant Women/Mothers of Infants Showing Evidence of Alcohol Use: Binge or excessive consumption of alcoholic beverages (wine, beer, mixed drinks, e.g., coolers or distilled liquor).

Number of Pregnant Women/Mothers of Infants Showing Evidence of Behavior Risk Factors: Behavioral risk factors may be documented, and recorded, through 1) self-reporting by the women/ program participants, or 2) other clinical observations.

Number of Mothers of Infants Showing Evidence of Diabetes: Presence by the woman/ program participants of diabetes mellitus (receiving medication to manage blood sugar, insulin dependent) or gestational diabetes.

Number of Pregnant Women/Mothers of Infants Showing Evidence of Intimate Partner/Domestic Violence: Physical, sexual and/or emotional abuse of a woman/ program participants by her partner, companion or another family member.

Number of Mothers of Infants Showing Evidence of Drug Use: Any drug including over the counter or prescription drug used inappropriately.

Number of Mothers of Infants Showing Evidence of Inadequate Housing: Presence of environmental hazards in housing conditions, (i.e., accident hazards, plumbing, electrical, water, heat, ventilation, facilities for cooking, privacy, access barriers).

Number of Pregnant Women/Mothers of Infants Showing Evidence of Lack of Family Support: Family system of the woman/ program participants unable to meet emotional and/or physical needs of participant.

Number of Mothers of Infants Showing Evidence of Problems with Bonding with Infant: Inattention to infant needs, presence of verbalization of negative characteristics of infant, resentment of infant, etc.

Number of Mothers of Infants Showing Evidence of Smoking Use: Presence of tobacco use by the mother.

Number of Mothers Who Received Child Care Services for Their Infant(s): Number of Healthy Start women/ program participants for which intermittent child care has been arranged and/or financed by Healthy Start. Includes care provided either on and/or off clinic sites, and other child care provider sites.

Number of Mothers Who Received Translation Services: Number of women/ program participants who received translation services funded in whole, or in part, by Healthy Start.

Number of Participants Directly Served: Number of Healthy Start participants who received substance abuse treatment through a residential, outpatient, or other day treatment program funded by Healthy Start.

Number of Participants Referred: Number of Healthy Start participants who have a completed service referral for substance abuse treatment. (i.e., received services from provider to whom s/he was referred by project).

Number of Postpartum Women Participating During Reporting Period: Number of participants who both enrolled and received services after delivery.

Number of Pregnant Participants During Reporting Period: Unduplicated count of all current pregnant participants during reporting period. Participant's age and appropriate age groups should be determined at time of enrollment into any Healthy Start activity.

Number of Pregnant Women Receiving Prenatal Care: Number of participants who report prenatal care.

Number of Pregnant Women Receiving Adequate Prenatal Care: Number of participants who receive adequate prenatal care as measured by the Kotelchuck Scale, Kessner Index, or similar index.

Number of Pregnant Women Who Enter Prenatal Care During First Trimester: Number of participants with reported first prenatal visit before 13 weeks gestation.

Number of Pregnant Women Who Enter Prenatal Care During Second Trimester: Number of participants with reported first prenatal visit between 13 week and 25 week gestation.

Number of Pregnant Women Who Enter Prenatal Care During Third Trimester: Number of participants with reported first prenatal visit between 26 week and delivery.

Number of Women Making Postpartum Visit within Eight Weeks of End of Pregnancy: Number of participants within eight weeks of delivery who made at least one visit to a health care provider for a health assessment and/interconception counseling (including postpartum tubal ligation).

Nutrition Education and Counseling including WIC Coordination (Number of Participants Who Received): Number of participating, pregnant women or parents of infants, who have received on a regular or on-going basis, information that is case specific and identifies particular nutritional risks or nutrition related medical conditions that are pertinent to the perinatal period. Services may have been provided and/or coordinated with the local WIC program; or may have been offered by Healthy Start funded professionals.

Objectives: Descriptions of what is to be achieved in measurable, time framed terms. Based upon a performance indicator, objective statements clearly describe what is to be achieved, when it is to be achieved, the extent of achievement, and target population. Each objective should include a numerator, a denominator, time frame, and a baseline with data source including year. Projects are expected to monitor their progress in accomplishing their approved project period objectives through the measurement of their budget period objectives.

One Key Question®: "Would you like to become pregnant in the next year"?

Parenting Education (Number of Participants Who Received): Number of participants who attended classes, support groups, or one-on-one education sessions, provided to participants about infant/child care and development. To qualify as parenting education, these sessions need to be on-going (not sporadic) and have objectives. Parenting tips provided during routine baby exams and sick child care to trips to the emergency room do not constitute parenting education.

Perinatal Period: The period occurring from preconception through the first year of life (for the infant and its family).

Perinatal System of Care: A component of a community's overall primary health care system which connects and offers a linked array of medical and other services to address the comprehensive needs of women and their families throughout the childbearing process (including counseling and services related to: prenatal, delivery, and postpartum periods, newborn/well baby care through the infant's first year of life, and, interconception care including family planning).

Performance Indicator: A measurable variable developed by the grantee to measure the result or the impact which the model is having on the target population. Example: Number of pregnant participants who report decreased smoking at a given time over the total number of pregnant participants who report that they smoke during their initial assessment.

Performance Measure: A narrative statement that describes a specific maternal and child health need, or requirement, that when successfully addressed, will lead to, or will assist in leading to, a specific health outcome within a community or project area and generally within a specific time frame. (Example: The rate of women in [Target Area] who received early prenatal care in 2002.)

Performance Objective: A statement of intention against which actual achievement and results can be measured and compared. Performance objective statements clearly describe what is to be achieved, when it is to be achieved, and the extent of the achievement, and target populations.

Preterm Births: Live births that occur at 17 through 36 weeks of gestation.

Post-neonatal Mortality: Number of deaths reported by vital records, program records, care giver from 29 days to 364 days after birth.

Pregnant Woman: A female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus.

Prenatal Clinic Visits: All known medical prenatal care visits made by Healthy Start pregnant clients residing in the project area during the reporting period. The prenatal care visit is made for medical supervision of the pregnancy by a physician or other health care provider during the pregnancy.

Program Staff: All the people employed by a particular organization to carry out a program. Also included in the term Program Staff is DOH administrative staff and sub- contracted direct service staff.

Quality Improvement: A process of systematic and continuous actions that lead to measurable improvement, particularly around health care services and the health status of targeted population.

Race: Racial and ethnic categories reflect Federal Register Announcement "Office of Management and Budget: Revisions to Standards for Classification of Federal Data on Race and Ethnicity; Notices" issued October 30, 1997.

The response should reflect what the person considers herself to be and is not based on percentages of ancestry. Hispanic' refers to those people whose origins are from Spain, Mexico, or the Spanish speaking countries of Central and South America- Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

Recommended Number of Well-Child Visits during the First Year of Life: Number of infants at age 12 months or older who received the recommended number of well-child visits for their age.

Reproductive Life Plan: Tool to assist women in determining if or when they plan to have children in the future, and in identifying family planning methods to help them fulfill their plan.

Services Specific to Pregnant Teens: Number of adolescents receiving services from a Healthy Start affiliated program designed for pregnant teens.

Services Specific to Parenting Teens: Number of adolescents receiving services from a Healthy Start affiliated program designed for parenting teens.

Smoking Cessation (Number of Participants Who Received): Number of participants who have attended support groups, or one-on-one counseling sessions providing information to pregnant women, their partners, or parents of infants on a regular basis about the risks to the fetus and infant of smoking parents; and provided support and information on how to quit.

Substance Abuse Treatment and Counseling: Number of Healthy Start participants who received substance abuse treatment, counseling and/or referrals. Services may include an array of medical services, including testing and treatment for concurrent HIV/AIDS and/or STDs, and psychiatric, psychological or social services which are either provided by a single site or case managed across multiple sites, family and collateral/partner counseling and rehabilitation.

Sustainability: Projects should foster community partnerships and build capacity and/or program resources that continue as needed in that community after federal funds discontinue. A sustained project is one that demonstrates the continuation of key elements of program/service components started under the MCHB supported project.

Sustainability Plan: A set of administrative actions designed to identify and negotiate the continued financing and/or transition of project components to other entities to continue the provision of successful project services in the project area beyond the Federal Healthy Start funded project period.

Technical Assistance: The process of providing recipients with expert assistance of specific health related or administrative services that include: systems review planning, policy options analysis, coordination, coalition building/training, data systems development, needs assessment, service cost analysis, and performance indicators.

Total # of Deliveries/Births during the Reporting Period: All live births during the reporting period to Healthy Start participants.

Toxic Stress: Stress caused by extreme poverty, neglect, abuse, exposure to violence, or severe maternal depression can weaken the architecture of the developing brain, with long-term consequences for learning and both physical and mental health.

Traumatic-Informed Care: An approach that is welcoming and appropriate for trauma survivors (e.g., those with ACE or toxic stress), including avoiding re-traumatization. A trauma-informed child- and family-service approach is one in which all parties involved recognize and respond to the impact of ACE, trauma, and toxic stress on children, caregivers, and service providers.

Very Low Birth Weight: Live births with birth weight less than 1,500 grams. This measure is usually reported as a percentage of all live births.

Well Baby/Pediatric Care Clinic: All ambulatory pediatric care visits made by Healthy Start infant clients residing in the project area, excluding ER visits during the reporting period.

Well Child Visit 2-4 Weeks after Birth: Number of infants whose care giver reports having a well-child visit during this time period.

Well Women Visit: A preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.

Youth Empowerment/Peer Education/Self-Esteem Mentor Programs: Number of non-pregnant/non-parenting teens who are served by these specified Healthy Start programs. This may include group activities (e.g. Family Life Center activities, Teen Life Center activities, Male Mentoring Programs, Self-Esteem Programs, etc.)

Appendix B: Evidence Based Curricula Descriptions

Examples of parenting that can be used education/curricula include:

Baby Basics (BB) A comprehensive prenatal guide that addresses the social, cultural, economic and linguistic interests and skills of families living at or below the poverty level. With training, materials, curricula and technical assistance, The BB Program brings health literacy philosophy out of the book and into the lives of healthcare providers, educators, and mothers to: 1 Provide beautiful prenatal materials for underserved families that are comprehensive, easy to read, and are a catalyst for learning and family literacy. 2 Empower, engage and educate underserved parents by teaching health skills in addition to health information-- so parents become effective users of the healthcare system and advocates for themselves and their children. 3 Teach providers and educators how to use these health literacy tools and strategies to improve patient communication and compliance. 4 Build community initiatives using coordinated messages and materials, so everyone who works to help moms have healthy pregnancies.

Brazelton Touchpoints is a set of values, principles and practices that guide the work of the providers and caregivers involved in your child's life, so that together you can provide the care and support your child needs to be healthy and ready to learn.

Effective Black Parenting The Center for the Improvement of Child Caring (CICC) *Effective Black Parenting Program* (EBPP) is the country's first culturally-adapted parenting skill-building program for parents of African American children. Its initial development in the 1970's was stimulated by the fact that none of the then-existing parenting skill-building programs were designed specifically for African Americans.

Centers for Disease Control and Prevention's (CDC) Legacy for Children Is an intervention is primarily a group-based intervention approach. A core part of the Legacy program is regular group meetings of mothers, including mother-only time in group and mother–child time in group. The main purpose of these meetings is to provide mothers with an opportunity to develop and explore goals for their children with other mothers in similar circumstances. Intervention specialists, who are skilled in group facilitation and child development, assist mothers in identifying and practicing ways to help their children realize those goals. In addition, Legacy includes one-on-one sessions with mothers that reinforce the curriculum

The Incredible Years The Incredible Years (IY) Series is a set of interlocking and comprehensive training programs for parents, teachers and children. There are four basic parenting programs that target key developmental stages: IY Baby Program (0-8 months); IY Toddler Basic Program (1-3 years); IY Preschool Basic (3-6 years); IY School Age Basic (6-12 years). In addition there are three adjunct parent programs: Advance Program, which focuses on parent interpersonal problems such as depression and anger management, Attentive Parenting Prevention Program, and the School Readiness Program.

The Nurturing Parenting Programs The Nurturing Parenting Programs are a *family-centered trauma-informed* initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long term goals are to prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors. The Nurturing Programs target all families at risk for abuse and neglect with children birth to 18 years. The programs have been adapted for special populations, including Hmong families, Military families, Hispanic families, African-American families, Teen Parents, Foster and Adoptive Families, Families in Alcohol Treatment and Recovery, Parents with Special Learning Needs, and Families with Children with Health Challenges.

STEP STAR Parenting STAR Parenting is a powerful, focused approach to child guidance. STAR Parenting gives you a problem-solving process, 5 general strategies, and 15 practical tools. STAR Parenting can be used by parents, teachers, caregivers, and counselors – anyone who works with children.

Strengthening Families The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for high-risk and regular families. SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.

Triple P- Positive Parenting Program is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential.

Appendix C: Work Plan Template

Applicant Organization:
Contact Person:
Telephone:
Email Address:
Estimated Reach:

DOH RFA#
RFA Title:
Project Title:
Total Request $:
Cost Per Beneficiary:

PROPOSED WORK PLAN

GOAL 1: Insert in this space one proposed project goal. *Proceed to outline administrative and project objectives, activities and targeted dates in the spaces b*

Measurable Objectives/Activities:

Objective #1.1:
Key Indicator(s):
Key Partner(s):

Key Activities Needed To Meet This Objective:
1.
2.
3.

Objective #1.2:
Key Indicator(s):
Key Partner(s):

Key Activities Needed To Meet This Objective:
1.
2.
3.

Objective #1.3:
Key Indicator(s):
Key Partner(s):

Key Activities Needed To Meet This Objective:

1.
2.
3.
Continue with this format to outline additional goals and related process objectives

Appendix D. Budget Format

For additional guidance http://www.cdc.gov/od/pgo/funding/budgetguide.htm

The following is a sample format to complete you budget narrative

A. Salaries and Wages **Total: $**

Name	Position Title	Annual Salary	Time	Months	Amount Requested
		$			$
		$			$

Position Descriptions/Justifications:

Program Director

Brief description of role and key responsibilities.

Position Title # 2

Brief description of role and key responsibilities.

Position Title # 3

Brief description of role and key responsibilities.

B. Fringe Benefits **Total: $**

Fringe benefits are applicable to direct salaries and are treated as direct costs.

C. Consultants/Contracts **Total: $**

Contractor #1		
Name of Contractor		
Method of Selection (check appropriate box)	Sole Source*	Competitive
***If Sole Source** - include an explanation as to why this institution is the only one able to perform contract services		
Period of Performance	Start Date of	End Date of Contract

Scope of Work Written as outcome measures Specify deliverables Relate to program objectives/activities	
Method of Accountability (describe how the contract will be monitored)	
Budget	

D. Equipment **Total: $**

E. Supplies **Total: $**

Example: General office supplies (pens, paper, etc.) (Example: 18 months x $300/year x 2 staff) $1,200.00

The funding will be used to furnish the necessary supplies for staff to carry out the requirements of the award.

F. Travel **Total: $**

Provide details and rationale for proposed in-state and out of state travel

G. Other **Total: $**

Provide details and rationale for any other items required to implement the award.

H. Total Direct Cost **Total: $**

Salary and Wages	$
Fringe	$
Contracts	$
Equipment	$
Supplies	$
Travel	$
Other	$
TOTAL DIRECT	$

I. Total Indirect Cost **Total: $**

Indirect cost is calculated as a percentage of total direct costs
(Direct Costs $ x 10%)

J. Total Financial Request Summary

Salary and Wages	$
Fringe	$
Contracts/Consultant	$
Equipment	$
Supplies	$
Travel	$
Other	$
Total Direct	$
Indirect Cost	$
Total Financial Request	$

Appendix E: Application For Funding

District of Columbia Department of Health
Application for Funding

RFA #	**HSCM_01.30.15**	**RFA Title:**	Case Management Services for High-Risk Pregnant & Post-partum Women
Release Date:	January 30, 2015		
Due Date:	February 27, 2015	**DOH Administrative Unit:**	Community Health Administration
		Fund Authorization:	Pursuant to terms of NOA#

☐ **New Application** ☐ **Supplemental** ☐ **Competitive Continuation** ☐ **Non-competitive Continuation**

The following documents must be submitted to complete the Application Package:

- □ DOH Application for Funding (including DOH & Federal Assurances & Certifications)
- □ Project Narrative (as per the RFA Guidance)
- □ Project Work Plan (per the RFA Guidance)
- □ Budget and Narrative Justification
- □ All Required attachments
- □ Assurances and Certification Package

Complete the Sections Below. All information requested is mandatory.

1. Applicant Profile:		**2. Contact Information:**	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	

DUNS No.:			

3. Application Profile:

	Program Area:	**Funding Request:**
Select One Only:	[ ] Healthy Start Project: Case Management Services for High-Risk Pregnant & Post-partum Women	
	[ ]	
	[ ]	

Proposal Description: 200 word limit

_____ _____

Enter Name & Title of Authorized Representative Date

Appendix F: Application Receipt

Application Receipt for *CHA-RFA# CHA_HSCM_01.30.15*

The Applicant shall prepare two copies of this sheet. The DOH representative will date-stamp both copies and return one copy to you for your records. The stamped receipt shall serve as documentation that the Department of Health is in receipt of your organization's application for funding. The receipt is not documentation of a review by DOH personnel. Please accept and hold your receipt as confirmation that DOH has received and logged-in your application. Note: Receipts for late applications may be provided upon delivery of your application, but late applications will not be forwarded to the review panel for consideration.

The District of Columbia Department of Health, Community Health Administration is in receipt of an application package in response to RFA # CHA_HSCM_01.30.15. The application package has been submitted by an authorized representative for the following organization:

_____

(Applicant Organization Name)

_____

(Address, City, State, Zip Code)

_____ _____ _____

(Telephone) (Fax) (E-mail Address)

Submitted by: _____ (Contact _____

Name/Please Print Clearly)

(Signature)

For identification and tracking purposes only:

1. Your Proposal Program Title: _____
2. Amount Requested: _____
3. Program / Service Area for which funds are requested in the attached application: *(check one)*

[ ] Healthy Start Project: Case Management Services for High-Risk Pregnant & Post-partum Women

District of Columbia Department of Health Use Only

ORIGINAL APPLICATION PACKAGE AND___(NO.) OF COPIES	Date Stamp
Received on this date:___/_____/ 2015	
Time Received: _____	
Received by:_____ **Tracking # _____**	

Appendix G: Assurances and Certifications

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Statement of Certification for a DOH Notice of Award

A. The Applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)

B. The Applicant is able to maintain adequate files and records and can and will meet all reporting requirements;

C. The Applicant certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;

D. The Applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)

E. The Applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;

F. That, if required by the awarding Agency, the Applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;

G. That the Applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;

H. That the Applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the award, or the ability to obtain them;

I. That the Applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

J. That the Applicant has a satisfactory record of performing similar activities as detailed in the award or, if the award is intended to encourage the development and support of organizations without significant previous experience, that the awardee has otherwise established that it has the skills and resources necessary to perform the award. In this connection, Agencies may

report their experience with an awardee's performance to OPGS which shall collect such reports and make the same available on its intranet website.

K. That the Applicant has a satisfactory record of integrity and business ethics;

L. That the Applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the award, or the ability to obtain them;

M. That the Applicant is in compliance with the applicable District licensing and tax laws and regulations;

N. That the Applicant complies with provisions of the Drug-Free Workplace Act; and

O. That the Applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.

P. That the Applicant agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this award from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applying organization, I hereby certify that the applicant, if awarded, will comply with the above certifications.

_____

Applicant Name

_____

Street Address

_____ _____ _____

City State Zip Code

_____ _____

Application Number and/or Project Name Applicant IRS/Vendor Number

_____

Typed Name and Title of Authorized Representative

_____ _____

Signature Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Statement of Assurances to Comply with Federal Assurances

The Awardee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. 2 CFR 200 and A133 and legacy circulars, as follows: A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Award -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally- assisted project.

Also, the Awardee assures and certifies that:

1. It possesses legal authority to apply for the award; that a resolution, motion or similar action has been duly adopted or passed as an official act of The awardee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Awardee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the Awardee.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under

consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or award, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.

13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for $500,000 or more.

14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

15. In addition to the above, the Awardee shall comply with all the applicable District and

Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:

a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
c) The Clean Air Act (awards over $100,000) Pub. L. 108–201, February 24, 2004, 42 USC chap. 85 et seq.
d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et seq.)
e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
i) Executive Order 12459 (Debarment, Suspension and Exclusion)
j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
p) Federal Funding

As the duly authorized representative of the applying organization, I hereby certify that the applicant, if awarded, will comply with the above certifications.

_____
Applicant Name

_____
Street Address

_____ _____ _____
City State Zip Code

_____ _____
Application Number and/or Project Name Applicant IRS/Vendor Number

_____
Typed Name and Title of Authorized Representative

_____ _____
Signature Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Certifications Regarding
Lobbying, Debarment and Suspension, Other Responsibility Matters, and
Requirements for a Drug- Free Workplace

Awardees should refer to the regulations cited below to determine the certification to which they are required to attest. Awardees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into an award agreement over $100,000, as defined at 28 CFR Part 69, the Awardee certifies that:

(a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant 01 cooperative agreement;

(b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

(d) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;

(e) The undersigned shall require that the language of this certification be included in the award documents that awardees shall certify and disclose accordingly.

2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

The Awardee certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

(e) Where the Awardee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The Awardee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Awardee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

(b) Establishing an on-going drug-free awareness program to inform employee's about:

(1) The dangers of drug abuse in the workplace;

(2) The Awardee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

(5) Making it a requirement that each employee to be engaged in the performance of the award be given a copy of the statement required by paragraph (a).

(6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the award, the employee would---

(7) Abide by the terms of the statement; and

(8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for the Community Health Administration, 899 North Capitol Street NE, Room 3115, Washington, DC 20002. Notice shall include the identification number(s) of each effected awardee.

(10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted –

(a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.

(c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (I), (c), (d), (e), and (1).

(11) The Awardee may insert in the space provided below the sites) for the performance of work done in connection with the specific award:

Place of Performance (Street address, city, county, state, zip code) Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620

(12) As a condition of the award, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the award; and

(13) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any award activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002.

As the duly authorized representative of the applying organization, I hereby certify that the applicant, if awarded, will comply with the above certifications.

_____

Applicant Name

Street Address

City State Zip Code

Application Number and/or Project Name Applicant IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature Date